

| POSITION            | INITIALS | ID NO. | DATE    |
|---------------------|----------|--------|---------|
| FEES DETERMINATION  | Phx      | 6814   | 8/12/95 |
| O.I.P.E. CLASSIFIER |          | 21     | 8/19/99 |
| FORMALITY REVIEW    | DB       | 70014  | 8/27/99 |

## INDEX OF CLAIMS

Best Available Copy

|                        |            |   |              |
|------------------------|------------|---|--------------|
| ✓                      | Rejected   | N | Non-elected  |
| =                      | Allowed    | I | Interference |
| — (Through numeral)... | Canceled   | A | Appeal       |
| ÷                      | Restricted | O | Objected     |

| Claim    | Date |
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| Final    |      |
| Original |      |
| 1        | 2/19 |
| 2        | 2/21 |
| 3        | 2/25 |
| 4        | 3/01 |
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If more than 150 claims or 10 actions  
staple additional sheet here